Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. The Reed Committee PO Box 8628 ADDRESS (number and street) (Check if address is changed) Cranston 02920 RΙ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fec@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.jackreed.com (Check if address is changed) DATE 2021 C00238907 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Zamore, Judith, , , Type or Print Name of Treasurer Zamore, Judith,,, [Electronically Filed] 04 29 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate	Reed, John, F., ,	
	didate / Affiliati	on DEM Office Sought: House X Senate President	State
			District
(c)	Ш	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.		

		_
FEC Form 1 (Revised Write or Type Committee Nam		Page 3
The Reed Com		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ershin PAC Snonsor
	organization, Anniated Committee, John Fundraising Representative, or Leade	Tallip I Ao apolisoi
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	_eadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in p	ossession of committee
Zamore, C	Judith, , ,	1
Full Name	600 Pennsylvania Ave SE	
Mailing Address	#15180	
	Washington DC 20003	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
3. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name Zamore, J	Judith, , ,	
Mailing Address	600 Pennsylvania Ave SE	
	<u> </u> #15180	
	Washington DC 20003	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 202 –	544 - 6960

. 20 . 0.	rm 1 (Revised 02/2009)	
Full Name of Designated Agent	Solander, Kristin, , ,	
Mailing Address	600 Pennsylvania Ave SE	
	#15180	
	Washington DC 20003	
Title or Position	1	IP CODE
Assistant Treas	asurer Telephone number	
		accounts rents
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, holds boxes or maintains funds.	accounts, rents
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, holds boxes or maintains funds. Depository, etc.	decounts, rents
safety deposit b	boxes or maintains funds.	
safety deposit b	boxes or maintains funds. Depository, etc. Citizens Bank 1 Citizens Plz	
safety deposit b Name of Bank,	boxes or maintains funds. Depository, etc. Citizens Bank 1 Citizens Plz	
safety deposit b Name of Bank,	boxes or maintains funds. Depository, etc. Citizens Bank 1 Citizens Plz	
safety deposit b Name of Bank,	boxes or maintains funds. Depository, etc. Citizens Bank 1 Citizens Plz Providence RI 02903	ZIP CODE
safety deposit b Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Citizens Bank 1 Citizens Plz Providence RI 02903	
safety deposit b Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Citizens Bank 1 Citizens Plz Providence RI 02903 CITY STATE Z	
safety deposit b Name of Bank, Mailing Address	boxes or maintains funds. Depository, etc. Citizens Bank 1 Citizens Plz Providence Providence CITY STATE Amalgamated Bank 1825 K St NW	
safety deposit b Name of Bank, Mailing Address Name of Bank,	boxes or maintains funds. Depository, etc. Citizens Bank 1 Citizens Plz Providence Providence CITY STATE Amalgamated Bank 1825 K St NW	
safety deposit b Name of Bank, Mailing Address Name of Bank,	boxes or maintains funds. Depository, etc. Citizens Bank 1 Citizens Plz Providence Providence CITY STATE Amalgamated Bank 1825 K St NW	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisin		FEC ID number	C
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	[C]
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mailing ame of Bank, Santar	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mailing ame of Bank, Santar	composition of the properties of the state o	STATE A	ZIP CODE A
Full Name	comparison of the positories in which sintains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	comparison of the positories in which sintains funds.	STATE A	ZIP CODE A